

Harrisburg Human Relations Commission  
Use only

Docket No. \_\_\_\_\_  
EEOC No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

**IN-12 FORM**

**LAY-OFF QUESTIONNAIRE**

**Questionnaire on the incident you are complaining about.**

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Caution:** Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of employees who work at the organization named above. Please check one.

Less than 4 \_\_\_\_\_ 15 to 100 \_\_\_\_\_ 201 to 500 \_\_\_\_\_ Unknown \_\_\_\_\_

4 to 14 \_\_\_\_\_ 101 to 200 \_\_\_\_\_ 501 plus \_\_\_\_\_

Name and address of person who will know how to contact you and who does not reside in your home.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a **different class** that makes you feel they received more favorable treatment than you.

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2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

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3. What date were you notified of your impending lay-off?

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- 3a. How much notice did the employer give prior to your lay-off? If you were notified in writing, attach copies of any notices received.

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- 3b. What date did your lay-off begin?

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Explain the reasons given to you by your supervisor or other official for the lay-off.

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Who said this?

Name \_\_\_\_\_ Title \_\_\_\_\_

If you have it, please submit a copy of any written lay off notices you received.

4. What was your job title/department and seniority date at the time of your lay off?

Job Title/Department \_\_\_\_\_

Seniority Date \_\_\_\_\_

5. How does your employer select employees to be laid off?

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Is the decision based on seniority, past performance or both?

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Was your lay-off an exception to your employer's normal system?

Yes \_\_\_\_\_ No \_\_\_\_\_

yes, please explain. \_\_\_\_\_

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6. List all the persons known to you, who were retained during the lay off and who, in your opinion, should have also been laid off.

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Job Title/Dept. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Job Title/Dept. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Job Title/Dept. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Use the Continuation Page if needed.

7. Do you have recall rights?

Yes \_\_\_\_\_ No \_\_\_\_\_

7a. When do your recall rights expire?

\_\_\_\_\_

Please explain. \_\_\_\_\_

\_\_\_\_\_

8. Approximately how many persons were affected by this lay off?

\_\_\_\_\_

9. Has anyone been hired or recalled since your lay off?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide any information you can that would identify this person(s).

Name \_\_\_\_\_

Job Title/Dept./Classification \_\_\_\_\_ CLASS \_\_\_\_\_

Name \_\_\_\_\_

Job Title/Dept./Classification \_\_\_\_\_ CLASS \_\_\_\_\_

10. Have you worked for any other employers since your lay off?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

Employer \_\_\_\_\_

Job Classification/Title/Dept. \_\_\_\_\_

Length of Time on This Job \_\_\_\_\_

Date Started \_\_\_\_\_ Weekly Wages \_\_\_\_\_

Are you or have you received unemployment compensation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date Started \_\_\_\_\_

What is the number of weeks you have received this unemployment compensation? \_\_\_\_\_

Amount received per week \$ \_\_\_\_\_

11. Are you a union member?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your union?

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Business Agent \_\_\_\_\_

12. Did you file a grievance regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Are you a civil service employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Did you file a civil service complaint regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. What is/was the status of your civil service complaint, if applicable?

\_\_\_\_\_

16. Have you filed a complaint about this matter with any other commission or agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify the commission or agency and the date you filed, to the best of your recollection.

Commission or Agency \_\_\_\_\_

Date Complaint Filed \_\_\_\_\_

Docket Number, if known \_\_\_\_\_

17. Have you taken any court action regarding this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court \_\_\_\_\_

Date Action Filed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

( )

\_\_\_\_\_  
Telephone Number

**CONTINUATION PAGE**

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.